Case 18-60621 Doc 16 Filed 06/17/19 Entered 06/17/19 11:26:40 Desc Main Document Page 1 of 5

					9 -			
F	ill in this inform	nation to id	entify your case:					
	Debtor 1	Tiffany	Star	Fletche	er			
		First Name	Middle Name	Last Nam	ie		— Che	eck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Nam	ne		_ _	An amended filing
	United States Bankr	runtey Court fo	rthe: FASTERN D	ISTRICT OF TE	=XAS			A supplement showing postpetition
	Case number	18-60621	rule. <u>Profession</u>				_	chapter 13 income as of the following date:
	(if known)	10 00021						MM / DD / YYYY
0	fficial Form 10)6I						WIWI / DD / TTTT
S	chedule I: Yo	ur Incom	e					12/15
res inc ab yo	sponsible for supply clude information al out your spouse. If ur name and case n	ying correct in bout your spo more space	nformation. If you ar use. If you are sepa s needed, attach a s wn). Answer every	e married and no rated and your s eparate sheet to	ot filing pouse	j jointly is not f	, and your iling with y	d Debtor 2), both are equally spouse is living with you, you, do not include information any additional pages, write
1.	Fill in your emplo information.	yment		Debtor 1				Debtor 2 or non-filing spouse
	If you have more to							
	job, attach a separ with information at		Employment status	✓ Employed ✓ Not employed				☐ Employed ☐ Not employed
	additional employe	ers.		_	-	D		Not employed
	Landarda mant Cara		Occupation	Sales & Mar	keting	кер		- -
	Include part-time, sor self-employed w		Employer's name	Servpro of T	yler			_
	Occupation may in		Employer's address	Engage PEO) II			
	student or homemapplies.	akei, ii ii		Number Street	D.	C4-	240	Number Street
				3001 Execut	ive Di	., Ste.	340	
				ST Petersbu	rg	FL	33762	
				City	_	State	Zip Code	City State Zip Code
		ı	How long employed	there? 7 moi	nths			
			0 . ,				_	
F	Part 2: Give D	etails Abo	ut Monthly Incom	ne				
	timate monthly inco			m. If you have no	othing t	o report	for any line	e, write \$0 in the space. Include your
			more than one employ ate sheet to this form.		nforma	tion for	all employe	ers for that person on the lines below. If
						For D	ebtor 1	For Debtor 2 or non-filing spouse
2.			ary, and commission nonthly, calculate wha		2. je		\$4,134.32	
3.	Estimate and list	monthly over	time pay.		3.	+	\$0.00	. <u> </u>
4.	Calculate gross in	ncome. Add	line 2 + line 3.		4.		\$4,134.32	

Official Form 106I Schedule I: Your Income page 1

Deb	ioi i	I iffany Star Fletcher		_	Case nu	mbei	(if knov	vn) <u>18</u>	-6062	21	_
				F	For Debtor 1		or Debte	or 2 or g spouse)		
	Сору	v line 4 here	4.	_	\$4,134.32	_			_		
5.	List a	all payroll deductions:									
		Tax, Medicare, and Social Security deductions	5a.		\$600.86						
	5b. I	Mandatory contributions for retirement plans	5b.		\$0.00						
		Voluntary contributions for retirement plans	5c.		\$0.00						
		Required repayments of retirement fund loans	5d.		\$0.00						
		Insurance	5e.		\$400.62						
	5f. I	Domestic support obligations	5f.		\$0.00						
		Union dues	5g.		\$0.00						
	•	Other deductions.	og.	•							
	-	Specify: Life Insurance	5h.	+	\$37.81						
6.	Add t 5g + 5	the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5h.	6.		\$1,039.29						
7.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$3,095.03						
8.		all other income regularly received:	_								
		Net income from rental property and from operating a business, profession, or farm	8a.		\$0.00						
	Ç	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.									
	8b. I	Interest and dividends	8b.		\$0.00						
		Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.		\$0.00						
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.									
	8d. (Unemployment compensation	8d.		\$0.00						
		Social Security	8e.		\$0.00						
		Other government assistance that you regularly receive									
	 (Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.									
	(Specify:	8f.		\$0.00						
	8q. I	Pension or retirement income	- 8g.		\$0.00						
	•	Other monthly income.	J								
		Specify: support from boyfriend	8h.	+	\$600.00						
9.		all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.		\$600.00						
				Ī		_ _			i ┌		٦
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	. [\$3,695.03	+]=[\$3,695.03	
11.	Includ	e all other regular contributions to the expenses that you list in S de contributions from an unmarried partner, members of your housel ds or relatives.				ur ro	ommate	s, and ot	her		
	Do no	ot include any amounts already included in lines 2-10 or amounts that	t are	no	t available to pay	expe	nses lis	ted in Sc	:hedu	le J.	
	Speci	ify:						_ 11.	+ _	\$0.00	
12.	incom	the amount in the last column of line 10 to the amount in line 11. ne. Write that amount on the Summary of Your Assets and Liabilities pplies.						12.		\$3,695.03 ombined onthly income	
13.	Do yo	ou expect an increase or decrease within the year after you file t	his fo	orn	n?					, ,	
	√ 1	No. None.									٦
		Yes. Explain:									

Case 18-60621 Doc 16 Filed 06/17/19 Entered 06/17/19 11:26:40 Desc Main Document Page 3 of 5

Fill in this	information to iden	tify your case:			Check if t	hic ic:	
Debtor 1	Tiffany	Star	Fletch	er		nis is: mended filing	
Debior 1	First Name	Middle Name	Last Nar			pplement showing	postpetition
Debtor 2 (Spouse, if f	filing) First Name	Middle Name	Last Nar		chap	oter 13 expenses a wing date:	s of the
` '	J,						
	es Bankruptcy Court for th	ne: <u>EASTERN DIS</u>	IRICI OF I	EXAS	MM /	DD / YYYY	
Case numbe (if known)	er <u>18-60621</u>						
Official Fo	<u>rm 106J</u>						
Schedule	J: Your Expens	es					12/15
correct information name and case	e and accurate as poss ation. If more space is e number (if known). An Describe Your Hous	needed, attach anoth nswer every questior	er sheet to th			•	
1. Is this a jo		3011010					
✓ No. 0	Go to line 2. Does Debtor 2 live in a No	separate household		for Separate Househ	old of Debt	or 2.	
·	Debtor 1 and			Dependent's relation		Dependent's age	Does dependent live with you?
Debtor 2.	202101 1 4114	for each dependen	t	Boyfriend		ugc	□ No
Do not starnames.	te the dependents'						Yes No Yes No Yes No Yes No Yes No No No No Yes
expenses	xpenses include of people other than and your dependents?	✓ No □ Yes					Yes
Part 2:	Estimate Your Ong	oing Monthly Exp	enses				
to report exper	expenses as of your ba nses as of a date after t ill in the applicable date	he bankruptcy is filed	-	-		•	
•	ses paid for with non-ca	_	-			Your expens	ses
	I or home ownership ex st mortgage payments an	•				4.	\$1,090.00
If not inclu	uded in line 4:						
4a. Real	estate taxes					4a	
4b. Prope	erty, homeowner's, or ren	ter's insurance				4b	\$50.00
4c. Home	e maintenance, repair, an	d upkeep expenses				4c	
4d Home	eowner's association or c	ondominium dues				4d.	

Case 18-60621 Doc 16 Filed 06/17/19 Entered 06/17/19 11:26:40 Desc Main Document Page 4 of 5

Debtor 1 Tiffany Star Fletcher		Case number (if known)	18-60621
		Your e	expenses
Additional mortgage payments for your res	sidence, such as home equity loans	5	
Utilities:			
6a. Electricity, heat, natural gas		6a	\$300.00
6b. Water, sewer, garbage collection		6b	\$45.00
6c. Telephone, cell phone, Internet, satellite, cable services	and	6c	\$190.00
6d. Other. Specify: Cell phone		6d.	\$120.00
Food and housekeeping supplies		7	\$550.00
Childcare and children's education costs		8	
Clothing, laundry, and dry cleaning		9	\$125.00
D. Personal care products and services		10	\$75.00
Medical and dental expenses		11	\$75.00
Transportation. Include gas, maintenance, b fare. Do not include car payments.	ous or train	12	\$425.00
3. Entertainment, clubs, recreation, newspap magazines, and books	ers,	13	\$50.0
4. Charitable contributions and religious don	ations	14.	
5. Insurance. Do not include insurance deducted from your	pay or included in lines 4 or 20.		
15a. Life insurance	,	15a	
15b. Health insurance		15b	
15c. Vehicle insurance		15c	\$200.0
15d. Other insurance. Specify:		15d	
Specify:	your pay or included in lines 4 or 20.	16.	
7. Installment or lease payments:			
17a. Car payments for Vehicle 1		17a	
17b. Car payments for Vehicle 2		17b.	
17c. Other. Specify:		17c	
17d. Other. Specify:			
3. Your payments of alimony, maintenance, a deducted from your pay on line 5, Schedule	nd support that you did not report as	18.	
Other payments you make to support other Specify:	_	19.	

Case 18-60621 Doc 16 Filed 06/17/19 Entered 06/17/19 11:26:40 Desc Main Document Page 5 of 5

Debtor 1		Tiffany Star Fletcher	Case number (if known)	18-60621
		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a	
	20b.	Real estate taxes	20b	
	20c.	Property, homeowner's, or renter's insurance	20c	
	20d.	Maintenance, repair, and upkeep expenses	20d	
	20e.	Homeowner's association or condominium dues	20e	
21.	Othe	r. Specify:	^{21.} +	
22.	Calc	ulate your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$3,295.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,295.00
23.	Calc	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$3,695.03
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$3,295.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$400.03
24.	Do y	ou expect an increase or decrease in your expenses within the year after you fi	ile this form?	
	For e			
	$\overline{\mathbf{A}}$	No		
		Yes. Explain here: None.		
		none.		